

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>RSY</i>		11-12-99
O.I.P.E. CLASSIFIER		59	1/2/00
FORMALITY REVIEW	<i>SH</i>	60245	12/6/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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2	✓
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If more than 150 claims or 10 actions  
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